DEVELOPMENTAL COUNSELING FORM

For use of this form see FM 22-100.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN) PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates. ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.

DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIV	E DATA
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Name (Last, First, MI)	Rank / Grade	Social Security No.	Date of Counseling
Brown, Mary	SPC/E-4	123-45-6789	6 Sep 02
Organization		Name and Title of Counselor	
HHC, Your Unit, APO AE 09123		SGT Smith, Joseph / Squad Leader	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling and includes the leaders facts and observations prior to the counseling):

Pregnancy counseling

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

- o Retention or Separation
 - o Plans to stay in the Army after having child and make it a career
- o Family Care Plan
- o Profile
- o Physical Fitness / Weight Control
- o Leave:
- o May go home to give birth
- o Convalescent Leave
- o Uniforms
- o Housing
- o Non-deployable status / Levy assignment
- o Women, Infants, and Children (WIC) Program
- o Problems

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

time line for implementation and a o Start preparing a family care	assessment (Part IV below):	anseling session to reach the agreed upon pordinate's behavior and include a specific
o Keep supervisor informed of a	all changes in profile and work only wit	thin the guidelines of the profile
o Check with doctor to get an u lifting)	enderstanding of any restrictions the me	edications prescribed may have (driving,
o Participate in the pregnancy	Physical Fitness Program	
o Does not plan on going back.	home to deliver the baby, but will keep	supervisor updated if this plan changes
o Coordinate with the unit Sup	ply Sergeant for maternity uniforms	
o Contact housing to get on the	housing list	
o Enroll in the next financial b	udget class offered	
o Make an appointment with t	he WIC office to get information about	t the program and to get enrolled
	nmarizes the key points of the session and grees/disagrees and provides remarks if a	d checks if the subordinate understands the ppropriate):
Individual counseled: I agree	ee / disagree with the information above	
Individual counseled remarks:		
Signature of Individual Counseled	1: Mary Brown	Date: <u>6 Sep 02</u> .
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Leader Responsibilities: (Leader	r's responsibilities in implementing the pl	an of action):
Leader Responsibilities: (Leader Schedule appointment with the	r's responsibilities in implementing the pl Company Commander for pregnancy co	an of action): unseling and initial Family Care Plan
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Note: Both the counselor and the individual counseled should retain a record of the counseling.

DA FORM 4856 (Reverse)